

seventeenth-century introduction of Jesuit's bark as "mere" placebos, Shapiro does attempt to provide some historical context for modern concerns. He considers therapy from ancient times to the present and he recounts the history of blind trials in detail. Interestingly, he is not entirely dismissive of religious cures, precisely because he is aware of the potential strength of the placebo effect. By contrast, the essayists have a view that extends no further into the past than a few classic research papers and that does not cross cultures, except in the case of David B Morris's proposal of a biocultural model of pain and belief. Despite its limitations, this may be the essay that is most thought-provoking for practitioners of the social studies of medicine.

A terminological problem that will need to be resolved is the confusion between "placebos", inert substances sometimes prescribed for a variety of reasons, and "the placebo effect", which is present to some extent in all healing practices everywhere. Several authors, including Shapiro, express a hope that placebos will disappear from medical practice or describe some drugs as "non-placebos", although it is clear that non-specific healing is an indispensable part of therapeutic efficacy. Unfortunately, simply referring to a lack of specificity appears not to cover the case either, since the effects of placebo drugs are often very specific indeed, as Irving Kirsch points out.

As far as historians are concerned, it is the placebo effect in general that is more significant. Howard Brody insists, quoting a classic paper of 1938, that it is necessary to examine "the doctor as therapeutic agent". Although neither of these books devotes much space to the issue, this places a new emphasis on the centrality of the rhetorical engagement between healer and patient. Trust, meaning, desire, and expectation are clearly crucial elements in successful healing. Cultural differences, changing explanations, and the symbolic reconfigurations involved in ritual healing can all have material effects. As a handful of medical anthropologists have long argued, modern medicine has more in common

with healing in other cultures than is generally acknowledged, so that a serious consideration of the placebo effect obliges historians, sociologists and anthropologists of medicine to rethink many of their accustomed positions.

David Harley, Oxford

Peregrine Horden, Richard Smith (eds), *The locus of care: families, communities, institutions and the provision of welfare since antiquity*, Studies in the Social History of Medicine, London, Routledge, 1997, pp. x, 287, £50.00 (0-415-11216-8).

I liked this book. It attempts to expose the variety of settings in which care has been provided, inside and outside the family, and to challenge orthodoxies on the relative merits of various forms of care. If it fails—and given the scope claimed in its subtitle, who could really expect it to succeed—sufficient common themes run through the essays that it at least fails interestingly.

The subtitle of the work is, fortunately, over-optimistic. There is nothing concerning care prior to the mid-sixteenth century apart from a few remarks in the introductory essay by Peregrine Horden. The result allows a clearer focus on the modern period, to the benefit of the work overall.

A number of papers provide engaging insights into the interrelations between structures of care. In several of these, an emphasis is laid on the symbiosis between these structures. Amanda Berry looks at the sponsorship of charitable hospitals by Poor Law authorities in eighteenth-century England. Marjorie McIntosh examines family care in Elizabethan Suffolk, arguing that the formalization of state relief structures encouraged private care in the home by the families of the poor. Martin Dinges addresses similar questions regarding sixteenth- and seventeenth-century Bordeaux, but from a more Durkheimian perspective. Mathew Thomson contributes a perceptive account of inter-war roots of care of mental defectives in

the community, while Lara Marks examines local political influences on the provision of birth control and services to mothers and infants in early twentieth-century London.

In a number of these papers, the role of families in the provision of care is articulated. That theme is further adopted by Akihito Suzuki in his consideration of the factors which led to the confinement of lunatics by their families in eighteenth-century London, and David Wright's examination of what care of an idiot in the home actually meant in Victorian England. Sandra Cavallo's paper, which focuses on the role of employers in caring for their servants, provides an interesting juxtaposition to this family care.

A strength as well as a weakness of the collection is its determination not to restrict the situations for which care is provided. Some papers focus on specifically medical (Berry) or public health (Marks) concerns. The need to which care responds in the papers of Suzuki, Wright, and Thomson is mental incapacity. These are the traditional ground of medical history, but the book does not restrict itself to these fields. For Sandra Burman and Patricia van der Spuy, the need is most likely to be abandonment of a child by its parents, and in papers such as those by Dinges and McIntosh, it would seem the need may simply arise through poverty. At its best, this failure to restrict is refreshing: traditional categories are swept away. There were times, however, when I found myself wondering precisely what the parameters were on the subject matter of the book. This is in part because historical debate has moved on in the six years since these papers were originally presented at the annual conference of the Society for the Social History of Medicine. We now have a considerably broader literature on care outside institutional settings. It is not merely that this literature is not referred to in the book. It is also that, through the work of other, more recent publications by scholars including the contributors to this book, our understanding of the field has developed.

The failure to establish a firm geographic focus is also problematic. Six of the ten non-

introductory essays focus on England. A number of these quite convincingly demonstrate the importance of cultural specificity in the provision of care. The essays by Cavallo and Dinges, on northern Italy and Bordeaux respectively, focus on themes and contexts which complement the English papers. While interesting on their own merits, however, I did find incongruous the inclusion of papers by Burman and van der Spuy on care of children in need in apartheid South Africa, and Zhongwei Zhao on family demographics now and in the future of China.

Horden makes a valiant attempt to unify the divergences of the volume in a long introductory essay. This left me with mixed feelings. While certainly identifying some of the themes which run through the essays, it further complicated the coherence with its focus on ethnography, an approach conspicuously absent from the other papers in the collection.

And yet perhaps the obsession with coherence of the volume and overarching themes is eventually otiose. Most scholars using this work will focus on the individual items of particular relevance to their work. The contributions are generally of a good standard; perhaps that ought to be enough.

Peter Bartlett, University of Nottingham

Manfred Waserman and Samuel S Kottek (eds), *Health and disease in the Holy Land: studies in the history and sociology of medicine from ancient times to the present*, Lewiston, NY, and Lampeter, Wales, The Edwin Mellen Press, 1996, pp. xii, 489, \$109.95 (0-7734-8764-6).

This volume publishes the results of an Israeli project to bring together a body of research presenting the history of health and disease in the Holy Land from earliest times to the present "within its social and cultural context" (p. 15). The participants are mainly Israelis, illustrating—quite understandably—the keen local interest in the subject, and the